

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>08/167846</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing	1	23 DEC 93
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>120</u>	
		8 TO BE REFUNDED BY:	
		Treasury Check	
		Credit Deposit A/C #:	
		X, <u>19--2570</u>	
10 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
EPO SEARCH			
11 REFUND REQUESTED BY: <u>V. WALLACE</u>			
TYPED/PRINTED NAME:		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Wanda Wallace</u>		PHONE: <u>305-3165</u>	
OFFICE:			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: <u>Peni Ercelt</u>		DATE: <u>7/22/94</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B